

Trademark



Docket No. 979-102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Mougin Thierry
Serial No. : 10/518,327
Filed : January 21, 2005
For : METHOD FOR DIAGNOSING MALFUNCTION OF APPARATUS DELIVERING
GOODS AND SERVICES AGAINST PAYMENT

Group Art Unit: 3651
Examiner: Tran

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

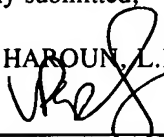
Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Petition for Three-Month Extension, Request for Continued Examination, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

By: 
Valentina Papraniku

Date: December 23, 2008

Mailing Address:

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PATENT

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AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☐ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | | Highest No. Covered by Previous Payments | Present Extra | Rate | Additional Fee |
|-----------------------------------|---|---|---|------------------|------------|-------------------|
| Total Claims* | 12 | - | 20 | =0 | x \$50.00 | \$ _____ |
| Independent Claims | 1 | - | 3 | =0 | x \$200.00 | \$ _____ |
| Multiple Dependent Claim(s) | (If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.) | | | | | \$ _____ |
| | | | | | Total: | \$ _____ |
| <input type="checkbox"/> | Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith. | | | | | \$ _____ |

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

- ☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 979-102.
- ☐ _____ Page(s) of substitute Sequence Listing
- ☐ _____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$_____ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: December 23, 2008

By: _____
Joseph Sofer

Registration No. 34,438

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